

ARKANSAS PUBLIC EMPLOYEES RETIREMENT SYSTEM
(STATE, COUNTY, MUNICIPAL, SCHOOL AND OTHER NON-STATE DIVISIONS)

Termination of Employment Refund Request

I, _____, Social Security Number _____
(Print Name)

Have terminated employment with _____ / _____
(Agency Name) (Agency Number)

And will be last reported on the payroll of said Agency on _____, 200____,
and request that all employee contributions in my account with the Arkansas Public Employees Retirement System (APERS) be returned to me. I understand in withdrawing my contributions that I will lose any service credit in APERS represented by these contributions. I understand that I cannot be employed under this System again until after I receive my refund or else I forfeit the right to receive my refund at this time. I understand that my refund will not be processed until the last month in which I had contributions withheld is posted to my APERS history. I further understand that all or part of my employee contributions and applicable interest will be taxable to me when the refund is issued to me.

Signature of Member Date of Birth

Address

City State Zipcode

State of Arkansas
County of _____

*Subscribed and sworn to before me a Notary Public in and for the County and State aforesaid,
this the _____ day of _____, 20 ____.*

Seal _____
Notary Public Signature

Date Commission Expires

To Be Completed By Employer

I, _____, am the Employer Representative for
(Print Name)

(Agency Name) (Agency Number)

do hereby certify that the above named employee has terminated his/her employment with our Agency and will last earn pay for the day of _____, 200____, and will last be reported with contributions to APERS on the retirement report for the month of _____, 20____.

Employer Representative Signature

Employer Representative Title

Telephone Number